

# **ATTACHMENT A**

## **CY 2005 PUBLIC HEALTH PRIORITY FUNDING**

### **DESIGNATED PRIORITY HEALTH ACTIVITIES ELIGIBLE FOR PUBLIC HEALTH PRIORITY FUNDING EXPENDITURES**

**NOTE:** ALL ACTIVITIES MUST MEET THE REQUIREMENTS ON THE FOLLOWING PAGES AND IN THE **“GUIDELINES AND REQUIREMENTS FOR ELIGIBLE ACTIVITIES, PUBLIC HEALTH PRIORITY FUNDING.”**

#### **A. Public Health Infrastructure and Performance**

- |                                   |                                |
|-----------------------------------|--------------------------------|
| 1. Information Systems (LINCS) *  | 3. Local Public Health Systems |
| 2. Workforce Training/Education * | Development *                  |

#### **B. Epidemiology and Disease Prevention/Control**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| 1. Reportable Disease Control    | 4. Older Adult Immunizations         |
| 2. Tuberculosis                  | (influenza and pneumococcal disease) |
| 3. Sexually Transmitted Diseases | 5. Childhood Immunizations           |

#### **C. Public Health Administration**

1. Health Promotion/Education
2. Public Health Advocacy

#### **D. Environmental /Occupational Health**

1. Environmental Sanitation/Safety
2. Occupational Health

#### **E. Older Adult Health**

1. Health and Wellness
2. Mental Health
3. Injury Control
4. NJ EASE Linkages

#### **F. Maternal and Child Health**

1. Childhood Lead Poisoning \*
2. Improved Pregnancy Outcome
3. Adolescent Health
4. Child Care Provider Health Consultation
5. Prevention Oriented Services for Child Health (POrSCHe)
6. Infants and Preschool Children
7. Family Education/Outreach

#### **G. Monitoring and Quality Assurance**

1. NJIIS (Immunization Information System)
2. Communicable Disease Reporting System

\* First Priority Activities

## **Attachment A (Supplement)**

### **I. Introduction**

With the dramatic change in the delivery of health care and the imperative need to strengthen New Jersey's local public health infrastructure to meet future public health demands, local health departments must increasingly focus their attention on fulfilling the ten Essential Public Health Responsibilities (see attached), as adopted by the New Jersey Public Health Task Force.

While local health departments may directly provide some of the services necessary to meet community health needs, it is critical that they also assure a connection between those in need of health services and available providers, that the quality of all services is acceptable, and that outcomes are related to established goals. Furthermore, *local health departments must develop partnerships and coalitions with other community organizations and providers in order to identify shared roles and shared resources necessary to achieve the goals and objectives of the priority health services to which Public Health Priority Funding will be applied.* In determining community health needs and implementing priority health services, local health departments are to use available community health assessments, behavioral risk factor surveys, and evaluations of priority health services. The Public Health Practice Standards, ten Essential Public Health Responsibilities listed in The Future of Public Health in New Jersey summary sheet and Healthy New Jersey 2010 objectives are to be used as the guiding principles for ALL funded activities.

### **II. Mandated Services and Other Approved Activities**

As the foremost priority, ALL eligible local health agencies shall apply funding to support the following activities. These activities and their individual components are required to be funded unless documentation is provided which demonstrates to the satisfaction of this Department that these activities have or are currently being addressed by the local health agency.

#### **A. Public Health Infrastructure and Performance**

*On February 18, 2003, Public Health Practice Standards of Performance for Local Boards in New Jersey was adopted by the Public Health Council. The following mandated activities specifically support the implementation of several key components of Practice Standards* related to the "Strengthening Public Health Capacity" objectives included in Healthy New Jersey 2010.

- 1. Information Systems (LINCS)**
- 2. Workforce Training/Education**
- 3. Local Public Health Systems Development**

In accordance with Public Health Practice Standards of Performance for Local Boards of Health in New Jersey (N.J.A.C. 8:52), all local health departments are required to complete certain activities that ensure the satisfactory implementation of those standards within their respective jurisdictions while ensuring a local public health systems approach.

**All local health departments must direct PHPF to the above activities with an emphasis on Governmental Public Health Partnerships (GPHP) and Community Health Assessment and Planning, Mobilizing for Action through Planning and Partnerships (MAPPP) activities unless documentation is provided which demonstrates that the activities are being fully supported by local budgets/resources. (Please see the Guidelines for additional detail.)**

## **B. Childhood Lead Poisoning Prevention**

More than 5,000 children in New Jersey are identified each year with elevated blood lead, and more than 800 of these have blood lead levels high enough to require environmental investigations as required by State law. Elevated blood lead can cause significant health and development problems in children. Despite a State law which requires health care providers and facilities to screen all children in their care for lead poisoning, only 40% of children are appropriately screened each year. PHPF funds are to be used by local health departments for the following mandated activities:

- Assure that all children are appropriately screened for lead poisoning in accordance with N.J.A.C. 8:51A, through direct provision of screening and/or collaboration with primary care providers;
- Include lead screening in the audits of child immunization records at licensed child care facilities; and
- Provide environmental investigations and case management follow-up of children with reported elevated blood lead levels, as per New Jersey State Sanitary Code Chapter XIII (N.J.A.C. 8:51).

## **III. Other Priority Activities**

The other priority activities as listed on Attachment A should be seriously considered by each local health department and funded based upon community need.

### **Important Note:**

Local health departments are not to direct funds to activities or services that are otherwise provided by publicly or privately funded health care systems. PHPF is not to be used to provide services to persons who are otherwise served by private providers or public assistance health care programs, e.g., Medicaid, Medicare, NJ FamilyCare, etc. Wherever systems are in place to recapture the cost of certain services, such as Medicare Part B reimbursement for adult influenza and pneumococcal vaccine, PHPF is not to be used to supplant those funds. However, PHPF may be used to enhance public health activities related to such services. For example, while Family Care enrollment is reimbursable, PHPF may be used for outreach and education activities to enhance enrollment. Local health departments must screen and refer persons covered by or eligible for these or similar assistance programs so that comprehensive health services can be more appropriately obtained.

Local health departments may, however, address issues pertaining to access to health care delivery through the identification of barriers to service utilization, the formation of collaborative partnerships to reduce barriers, education, outreach and referral of those in need

of services, and the monitoring of available services to assure that services are utilized and that health care needs are being met.

#### **IV. Elective Activities**

Local health departments applying to use funds to conduct programs or activities other than those listed as the “Designated Priority Health Activities” described above must provide strong justification that demonstrates need to the Department’s satisfaction. These needs will be evaluated against community health status indicators related to the priority health activities.

The Department reserves the option of disapproving PHPF expenditures for these activities if the request from the local health agency does not satisfactorily document that the issues listed under “Designated Priority Health Activities” are being adequately addressed. Any local health agency seeking authorization to budget activities for other than the priority health activities listed above shall submit a written request with documentation to the Division of Local Public Health Practice and Regional Systems Development prior to, or as part of, the PHPF application.

The priority health activities listed on Attachment A and above depict a continuing and significant movement to modern public health programming. As required by the Public Health Priority Funding (PHPF) Act (N.J.S.A. 26:2F-3e), these priority health activities have been designated by the Commissioner of Health and Senior Services and approved by the Public Health Council. Funds provided to or made available to eligible local health departments through State appropriations or Realty Transfer Fees and supporting PHPF activities for CY 2005 shall be used for these designated activities.

If you have any questions regarding the funding priorities or application process, please contact the Division of Local Public Health Practice and Regional Systems Development, Public Health Priority Funding Project by e-mail at [Darlene.Huyler@doh.state.nj.us](mailto:Darlene.Huyler@doh.state.nj.us) or by calling (609) 292-4993 or fax (609) 292-4997.

# **THE FUTURE OF PUBLIC HEALTH IN NEW JERSEY**

## **Vision:**

***Healthy People in Healthy Communities***

## **Mission:**

***Promote Physical and Mental Health and  
Prevent Disease, Injury, and Disability***

### **Public Health**

- \* Prevents epidemics and the spread of disease
- \* Protects against environmental hazards
- \* Prevents injuries
- \* Promotes and encourages healthy behaviors
- \* Responds to disasters and assists communities in recovery
- \* Assures the quality and accessibility of health services

### **Ten Essential Public Health Responsibilities:**

- \* Monitor health status to identify community problems
- \* Diagnose and investigate health problems and health hazards in the community
- \* Empower people to achieve and maintain an optimal level of health through information and education
- \* Mobilize community partnerships and action to identify and solve health problems
- \* Develop policies and plans that support individual and community health efforts
- \* Enforce laws and regulations that protect health and ensure safety
- \* Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- \* Assure a competent public health and personal health care workforce
- \* Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- \* Research for new insights and innovative solutions to health problems

New Jersey Public Health Task Force, 1998

Adapted From:

“Public Health in America”

Essential Public Health Services Work Group of the Core

Public Health Functions Steering Committee

American Public Health Association

September 1994

## **Core Functions of Public Health**

Because of great diversity in size, powers, and capacities of local governments, generalizations must be made with caution. Nevertheless, **no citizen from any community, no matter how small or remote, should be without identifiable and realistic access to the benefits of public health protection, which is possible only through a local component of the public health delivery system.**

### **ASSESSMENT**

- Every public health agency should regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiological and other studies of health problems.
- Not every agency is large enough to conduct these activities directly; intergovernmental and interagency cooperation is essential. Nevertheless each agency bears the responsibility for seeing that the assessment function is fulfilled. This basic function of public health cannot be delegated.
- Assessment, monitoring, and surveillance of local health problems and needs and resources for dealing with them are functions of local health departments.

### **POLICY DEVELOPMENT**

- Every public health agency should exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy. Agencies must take a strategic approach, developed on the basis of a positive appreciation for the democratic political process.
- Policy development and leadership need to foster local involvement and a sense of ownership, emphasize local needs, and advocate for equitable distribution of public resources and complementary private activities commensurate with community needs.

### **ASSURANCE**

- Public health agencies should assure their constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly.
- Each public health agency should involve key policy makers and the general public in determining a set of high-priority personal and communitywide health services that governments will guarantee to every member of the community. This guarantee should include subsidization or direct provision of high-priority personal health services for those unable to afford them.
- Local health departments should assure that high-quality services, including personal health services, needed for the protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal and state as well as local resources for public health; and that the community is informed about how to obtain public health, including personal health services, or how to comply with public health requirements.

*Source: Future of Public Health, Report from the National Academy of Sciences, Institute of Medicine, 1988.*

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